

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51						
2	/		/				52						
3	2		1				53						
4	2		1				54						
5	2		1				55						
6	2		1				56						
7	1		1				57						
8	9						58						
9	1						59						
10	1						60						
11	/						61						
12	/		/				62						
13	2		1				63						
14	2		1				64						
15	2		1				65						
16	1		1				66						
17	1		1				67						
18	2						68						
19	2		1				69						
20	1		1				70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		2				TOTAL IND.						
TOTAL DEP.	22	↔	15	↔			TOTAL DEP.						
TOTAL CLAIMS	26		17				TOTAL CLAIMS						